

**FIA-308, LOCATING
SERVICES
REQUEST**

LOCATING SERVICES REQUEST OFFICE OF CHILD SUPPORT Michigan Family Independence Agency PO BOX 30478 LANSING MI 48909-7978				NOTE: ALL YEARS REQUIRE 4 DIGITS (CCYY)											
LOCATE PERSON DATA:				CASE DATA:											
				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">1. Case Type <input type="checkbox"/> CS (IV-D Child Support) <input type="checkbox"/> LC (Locate Only) <input type="checkbox"/> PK (Parental Kidnap) <input type="checkbox"/> CV (Custody and Visitation) <input type="checkbox"/> AD (Adoption and Foster Care)</td><td colspan="2">2. Requestor <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> O</td><td colspan="2">3. Co.</td></tr><tr><td colspan="4">4. Case Number</td><td colspan="2">5.</td></tr></table>				1. Case Type <input type="checkbox"/> CS (IV-D Child Support) <input type="checkbox"/> LC (Locate Only) <input type="checkbox"/> PK (Parental Kidnap) <input type="checkbox"/> CV (Custody and Visitation) <input type="checkbox"/> AD (Adoption and Foster Care)		2. Requestor <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> O		3. Co.		4. Case Number	
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4. Case Number				5.											
6. Name (Last, First, Middle)				7. DOB (Mo., Day, Year)		8. Social Security Number									
9. Birthplace (City) _____ State _____				12. Alias (Last, First, Middle)											
10. Father's Name (Last, First, Middle)				13. Children's Names, Date and Place of Birth											
11. Mother's Name (Maiden Name, First, Middle)				14. Race 15. Sex 16. Height 17. Weight 18. Hair 19. Eyes											
20. Ever Live in MI <input type="checkbox"/> NO <input type="checkbox"/> YES				21. If Yes, When (Years)		22. Present Spouse's Name									
23. Last Known Address (Number, Street, City, State, Zip)				<div style="border: 1px solid black; padding: 5px; text-align: center;">Critical Info. Please complete.</div> <div>Date (Month/Year)</div> <div>Date (Month/Year)</div> <div>Date (Month/Year)</div>											
24. Previous Known Address (Number, Street, City, State, Zip)															
25. Last Known Employer, and Address (Number, Street, City, State, Zip)															
CLIENT DATA:				SEARCHES REQUESTED:											
26. Name (Last, First, Middle)		Date of Birth		31. State of MI Resources		32. SSN Search									
27. Address (Number, Street)		29. Mo., Yr. Sep.		1. <input type="checkbox"/> CIS 4. <input type="checkbox"/> Treasury		1. <input type="checkbox"/> SSN Unknown									
28. (City, State, Zip)		30. Relationship		2. <input type="checkbox"/> Corrections 5. <input type="checkbox"/> Workers' Compensation Data Warehouse		2. <input type="checkbox"/> SSN Invalid (Enter Invalid No.)									
				3. <input type="checkbox"/> Secretary of State 6. <input type="checkbox"/> State		3. <input type="checkbox"/> Other (Specify)									
CERTIFICATION: Complete EITHER Item 34 or Item 35															
34. I certify that this request is made to locate an individual for the purpose of establishing paternity or securing support.				35. I certify that this request is made to locate an individual for the purpose of enforcing law with respect to the unlawful taking or restraint of a child or making or enforcing a child custody and visitation determination.											
Signature/Agency		Date		Signature/Agency		Date									
36. Comments															
FOR STATE PLS USE ONLY															
37. CIS (Public Assistance) <input type="checkbox"/> Inactive <input type="checkbox"/> No Record <input type="checkbox"/> Active <input type="checkbox"/> Reg. Pending				38. - 41. Routing											
RESULTS:															
42. Termination Reason		6. <input type="checkbox"/> Unable to locate		43. Termination Date		44. Correct SSN									
1. <input type="checkbox"/> Address found		7. <input type="checkbox"/> Deceased				45. Correct DOB									
2. <input type="checkbox"/> Paroled		8. <input type="checkbox"/> Terminated by request		46. Alias (Last, First, Middle)											
3. <input type="checkbox"/> Possible information only		9. <input type="checkbox"/> Employer found		47. Correct Name (Last, First, Middle)											
4. <input type="checkbox"/> Active on Public Assistance		10. <input type="checkbox"/> Receiving													
5. <input type="checkbox"/> Incarcerated		11. <input type="checkbox"/> Address and emp. found													
48. Address Information				49. Date (Month/year)											
1. <input type="checkbox"/> MDOL 3. <input type="checkbox"/> MI SOS 5. <input type="checkbox"/> _____ PLS 7. <input type="checkbox"/> MBR 9. <input type="checkbox"/> VA 11. <input type="checkbox"/> FBI		2. <input type="checkbox"/> CIS 4. <input type="checkbox"/> MI T 6. <input type="checkbox"/> IRS 8. <input type="checkbox"/> DW 10. <input type="checkbox"/> NDNH 12. <input type="checkbox"/> OTHER													
50. Employer/Institution Information				51. Date (Month/year)											
1. <input type="checkbox"/> MDOL 3. <input type="checkbox"/> MI DOC 5. <input type="checkbox"/> _____ PLS 7. <input type="checkbox"/> SSA 9. <input type="checkbox"/> FBI 11. <input type="checkbox"/> OTHER		2. <input type="checkbox"/> APW 4. <input type="checkbox"/> MI T 6. <input type="checkbox"/> DOD 8. <input type="checkbox"/> NDNH 10. <input type="checkbox"/> DW													
AUTHORITY: PA No. 174 of 1971 (MCLA 400.231 - 400.235) of the Social Security Act. COMPLETION: Required. CONSEQUENCE: Loss of access to state and national locating sources.				The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.											
FIA-308 (Rev. 8-99) Previous edition obsolete.															

**COMPLETION
INSTRUCTIONS**

Form FIA-308, Locating Services Request is used to request Special or SSN searches in IV-D cases and Federal PLS searches in child custody and visitation cases. Print or type entries on form FIA-308. PLS returns illegible forms.

The State PLS uses shaded areas on the form. Fill in all other items on the form as completely as possible. The likelihood of a successful search is increased and the investigation of the wrong person prevented.

**ITEM
INSTRUCTIONS**

An instruction for completion of each item on the FIA-308 is provided below.

Item Number Item Name and Instruction

- 1 **Case Type.** Enter a check mark in the box next to the code which identifies the case type. Check only one box. Code meanings are described below:
- CS = FIP IV-D case for a client who has applied for or receives FIP or an FIP Arrearage Case.
- CS = Non-FIP IV-D Full Service Case. These are non-FIP IV-D cases in which other IV-D services, such as enforcement and collection of support, are being or will be provided in addition to location services. Because of the Friend of the Court's statutory duty to enforce the majority of support orders entered or registered in Michigan, most non-FIP IV-D cases are considered "Full Service" for purposes of locating requests.
- LC = Non-FIP IV-D Locate Only Case. These are non-FIP IV-D cases in which the only IV-D service provided is location services.
- PK = Non-IV-D Parental Kidnapping Case. Note: for Prosecuting Attorneys only.
- CV = Non-IV-D Child Custody and Visitation Case. These are cases in which the location of an individual is needed for the entry or enforcement of a child custody or visitation order.
- AD = Future use to be determined.
- 2 **Requestor.** Enter a check mark in the box to the left of the letter "F".
- 3 **County.** Enter your county two-digit code.
- 4 **Case Number.** Enter the FIP case number consisting of a letter prefix, seven numbers, and a letter suffix. This item may be left blank only if a

FIP case number has not been assigned (e.g., non IV-D child custody case). Enter the court case number or other locally assigned case number in the Comments Section.

- 5 **Control Number.**
- 6 **Name.** Enter the full name of the person for whom location information is requested; last, first, middle names, then suffix (Jr., Sr., II) if any. Skip a space between each name.
- 7 **DOB** (Date of birth). Enter the individual's month, day and year of birth using eight digits (MMDDYYYY).
- 8 **Social Security Number.** Enter the individual's social security number.
- 9 **Birthplace.** If Item 8, SSN, is unknown, identify the person's birthplace. Enter the name of the city in the first 18 positions and the two-letter state or country code in the last two positions. See Appendix A for state and country codes. Use the comments section if necessary to complete the name of the city.
- 10 **Father's Name.** If Item 8, SSN, is unknown, enter the full name of the person's father; last, first, then middle names. Enter father's name even if deceased. Skip a space between each name. Use the comments section if necessary to complete the name.
- 11 **Mother's Name.** If Item 8, SSN, is unknown, enter the maiden name of the person's mother; last, first, then middle names. Enter mother's name even if deceased. Skip a space between each name. Use the comments section if necessary to complete the name.
- 12 **Alias.** If the person uses a known alias(es), enter the name(s); last, first, then middle names. Skip a space between each name. Use the comments section if necessary to complete the name.
- 13 List children's names, date and place of birth.
- 14 **Race.** Specify the persons race.
- 15 **Sex.** Enter the letter "M" for male or "F" for female.
- 16 **Height.** Specify the person's height in feet and inches.
- 17 **Weight.** Specify the person's weight in pounds.
- 18 **Hair.** Specify the person's hair color.
- 19 **Eyes.** Specify the person's eye color.
- 20 **Ever Live in MI.** Check Y or N to indicate whether or not the person ever lived in Michigan.

- 21 **If Yes, When.** Enter the year(s) the person lived in Michigan.
- 22 **Present Spouse Name.** If the person is married to someone other than the client named in Item 26, enter the present spouse's first name only, if known.
- 23 **Last Known Address.** Enter the person's last known address as completely as possible and the approximate date (month and year) he/she last lived there.
- 24 **Previous Known Address.** Enter a previous address of the person as completely as possible and approximate date (month and year) he/she lived there.
- 25 **Last Known Employer and Address.** Enter the person's last known employer and address as completely as possible and the approximate date (month and year) this employment terminated.
- 26 **Client Name.** Enter the name (last, first, middle) of the client (e.g., custodial parent or guardian).
- 27-28 **Address.** Enter the client's address.
- 29 **Mo. Yr. Sep.** Enter the approximate date the client and the other person separated or ceased their relationship if they never lived together.
- 30 **Relationship.** Specify the client's relationship to the person, e.g., spouse, ex-spouse, friend, etc.
- 31-33 **Searches Requested.** In child custody and visitation cases, Federal PLS searches are conducted; no entries are required in Items 31-33.
- In IV-D cases, complete Item 31 to identify State of Michigan resource(s) you want searched. If Vital Statistics is checked, identify the specific record (i.e., birth, death, marriage,) you need in the comments section. Identify other searches requested in Item 33.
- To request a SSN search in a IV-D case, complete Item 32. Indicate whether the SSN is unknown or invalid. List any invalid SSN. If the individual resides or works in another state, enter a checkmark in the box in Item 33 and identify the state by its two-letter abbreviation (see Appendix A).
- 34-35 **Certification:** Sign and date your request in either Item 34 or Item 35.
- Item 34 is used in to certify that PLS information is requested for child support related purposes.
- Item 35 is used in child custody and visitation cases (case type CV).
- 36 **Comments.** As applicable, use the comments section as follows:

- Provide the individual's child's name, place and date of birth, when requesting an SSN Search.
- Complete items if necessary by entering the item number circled and then the data.
- Record a court case number.
- When a Secretary of State search is requested to provide the person's license plate number.
- When verification of death is requested, enter the place (city, state) and approximate date of death.
- When verification of a marriage is requested or when a SSN search is requested, enter the place (city, state) and approximate date of the marriage and spouse's name.
- When a SSN search is requested, identify the name and SSN of the custodial parent filing a joint tax return with the payer within the last three years.
- When a SSN search is requested to identify the name of the payer's child, the child's date and place of birth in Michigan, and the name of the child's other parent. If the other parent (e.g., the custodial parent) is the child's mother, enter her maiden name when known.
- Provide any additional information that will aid in locating the person.

DISTRIBUTION

Send the first two copies of the FIA-308 to the State PLS Unit at the following address. Retain one copy until response is received.

Michigan Family Independence Agency
Office of Child Support
Parent Locator Service
P.O. Box 30478
Lansing, MI 48909-7978